



## ISSUE CLARIFICATION

NUMBER: 02-11-07-043

DATE: January 1, 2003

**TOPIC:** Audiological Services

**RELEVANT SECTIONS OF THE MANUAL:** Service Definitions

**AUDIENCE:** Audiologists  
Service Coordinators  
SPOE Staff

**ISSUE FOR CLARIFICATION:** Reimbursement for the fitting and purchase of hearing aids and related equipment.

**CLARIFICATION:** Effective January 1, 2003 the following procedures for the authorization and payment of audiological services apply:

- The maximum reimbursement rate for hearing aids is \$900 per ear. The cost for the hearing aid must include an extended repair, loss/damage warranty through the child's third birthday, and FM capability. Reimbursement above the maximum rate will not be made. Reimbursement shall be requested based on manufacturer invoice rate. A copy of the invoice must be submitted to the Service Coordinator who will forward the copy to the SPOE for maintenance in the EI record. First Steps will only support the cost of one aid per ear for the child. Exceptions to this rule will only be considered for children with confirmed, progressive hearing loss and will require prior approval from the lead agency.
- There is no prior approval process for digital/programmable aids. The therapist is to work with the family to determine the most appropriate aid for the child. The maximum rate of reimbursement for either an analog or digital/programmable hearing aid is \$900.
- Families who elect to pursue amplification at a cost greater than \$900 per aid, may do so outside of the First Steps program, by accessing their private insurance or other private funding sources. First Steps will not support any funding for aids over \$900. Service providers must accept First Steps reimbursement in full and may NOT accept partial payment from both First Steps and the parent, to support the full cost of an aid in excess of the State maximum rate. In addition, First Steps will not support equipment or services related to the use or maintenance of the aids purchased outside of the First Steps program.
- Each child receiving hearing aids through First Steps must be supplied with a pediatric hearing aid supply kit. The maximum rate for the kit is \$40 and must include supplies such as chips, dry aid, huggies...
- Batteries for hearing aids may only be authorized as a one-time purchase per IFSP year. Authorization should be made for a 48-pack with a maximum rate of \$45.
- Reimbursement for dispensing fees may be submitted as a one-time occurrence per ear. Maximum reimbursement for dispensing binaural aids is limited to \$270. Maximum reimbursement for monaural aids is limited to \$170. Payment may not be requested for two monaural aids when the child is being fitted with two aids.

The child's First Steps team must approve the delivery of all services, including evaluation activities and purchase of Assistive Technology **PRIOR** to their occurrence. Services provided, or equipment purchased prior to receipt of written approval from the Service Coordinator as documented by the signature on the Audiology authorization form or IFSP will **NOT** be reimbursed.

*Please retain this Clarification in your Implementation/Practice Manual in the designated Section. If you have questions about this document, please contact your First Steps County Consultant.*



# Early Intervention Services/ Children's Special Health Care Services

## Request for Authorization for Audiology Services

Pending form #

Child's Name: \_\_\_\_\_ County: \_\_\_\_\_

DOB: \_\_\_\_\_ ICD - 9: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Name: _____	Agency: _____
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Estimated Length of Request: ☐ 30 days ☐ 60 days ☐ Duration of IFSP ☐ Other

**Place a check mark beside each service you are requesting.**

✓Service	CPT Code Description	CPT	Maximum Rate
	Individual treatment of auditory processing disorder (aural rehabilitation) (4 visits)* Hearing Aid management (1 unit = 4 occurrences/visits. Lifetime maximum = 4 units)*	92507	95.40
	Pure tone audiometry (threshold); air only	92552	11.47
	Pure tone audiometry (threshold); air & bone	92553	17.60
	SRT or SDT: Speech Audiometry Threshold	92555	9.91
	Comprehensive audiometry threshold evaluation and speech recognition/discrimination (92553 and 92556 combined)	92557	31.44
	Tympanometry (impedance testing)	92567	14.09
	Acoustic reflex testing	92568	18.90
	Visual Reinforcement Audiometry	92579	18.90
	Conditioning Play Audiometry	92582	19.16
	Select Picture Audiometry	92583	23.60
	ABR: Audiometry evoked potential for evoked response audiometry and/or testing of the central nervous system (brainstem evoked response)	92585	104.06
	Automated ABR: Automated Audiometry evoked potential for evoked response audiometry and/or testing of the central nervous system (brainstem evoked response)	92585A	104.06
	OAE - limited: Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	92587	40.52
	OAE - complete: comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	92588	56.47
	Hearing Aid Evaluation/examination and selection; monaural	92590	38.89
	Hearing Aid Evaluation/examination and selection; binaural	92591	45.56
	IFSP Team meeting (on-site)	X1015	15.37
	IFSP Team meeting (off-site)	X1016	20.05
	Direct Child Treatment(on-site)*	X1021	14.45
	Direct Child Treatment(off-site)*	X1022	18.85
	Family Counseling and Training-Onsite (15 minutes)*	X1031	14.45
	Family Counseling and Training-Offsite (15 minutes)*	X1032	18.85
	Hearing Aid - monaural behind the ear (BTE)*	V5060	\$900 per ear
	Hearing Aid -binaural behind the ear (BTE)*	V5140	\$900 per ear
	Dispensing Fee monaural	V5090	\$180
	Dispensing Fee Biaural	V5110	\$270
	Hearing service miscellaneous (Replacement fee)	V5299C	Actual cost per warranty
	Hearing service miscellaneous (Earmold 1 or 2)*	V5299E	\$50 per ear, max. 4/yr/ear
	Hearing aid supplies - batteries (48 pack)*		\$45
	Hearing Aid supplies – Pediatric hearing aid kit*		\$40

\*Service or equipment must be written into the child's IFSP and signed by the parent(s) and primary care physician prior to authorization  
Please note that services (including evaluation and assessment activities) may not be provided without the authorization of the Service Coordinator.  
Audiological Services or Equipment not listed on the form require prior approval from the Bureau of Child Development prior to authorization.

Audiologist's Signature \_\_\_\_\_ Date \_\_\_\_\_ Service Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

The audiologist must submit the original form to the SC for approval. Once approved the SC the original version of this form must be submitted to the SPOE. Both the audiologist and the SC should retain a copy of the form.